Effective December 29, 1999									09/63/7/6					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	/	OR	OTHER SMALL		
FOR			NUMBER FILED		NUMBER EXTRA			RATE	FEE	1	RATE	FEE		
BASIC FEE						* * * * * * * * * * * * * * * * * * * *			345.00	OR		690.00		
TOTAL CLAIMS			23 minus 20=			• 3			X\$ 9= ·		OR	X\$18=	54. W	
INC	EPENDENT CL	AIMS	3 minus 3 =			•			X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	·	
* If the difference in column 1 is less than zero, enter "0" in column 2								١	TOTAL		OR	TOTAL	14.0	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	OTHER SMALL		
ENT A	11765	REMA	NMS NNING TER DMENT			HIGHEST NUMBER REVIOUSLY PAĮD FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	· 2		Minus	••	d3	=		X\$ 9=		OR	X\$18=		
	Independent	·	3 NOEMI	Minus	PENIT		=		X39=		OR	X78=		
	IIISI PHESE	NIAIIO	N OF MI	JEHIPLE DEF	CINL	JENI CLAIM	,		+130=		, OR	4 260=		
1/[1	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE			
		ımn 1)				·	•	ADDII. 7 CE	•					
AMENDMENT 8		REM/	AIMS AINING TER DMENT		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	**		3		X\$ 9=		OR	X\$18=		
	Independent FIRST PRESE	*	N OE M	Minus	ENIF		=		X39=		OR	X78=		
	FIRST PRESE	·	N OF WIL	DETIFIE DEF	LIVE	JENT CEAN		' [+130=		OR	+260=		
·									TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE		
			mn 1)			olumn 2)	(Column 3)	1						
AMENDMENT C		REMA	NMS NNING TER DMENT		P.F	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total			Minus	**	· • • • • • • • • • • • • • • • • • • •	=		X\$ 9=		OR	X\$18=		
	Independent	NTATIO	N OF MI	Minus	ENI		=		X39=		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									•	OR	+260=	·	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									·	OR I	TOTAL	,	
***	If the "Highest Nu The "Highest Num	mber Pre	viously Pa	aid For IN THE	S SP/	ACE is less tha	ın 3, enter "3."		ODIT. FEE	propriate box	1 4	ADDIT, FEE		

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number